

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42035

State File No. \_\_\_\_\_

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 7772

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Allenton Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)  
In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Allenton (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) If veteran, name war No  
3. (c) Social Security No. None  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife 1  
6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Dec 27-1942  
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 3 hr. 3 min.

9. Birthplace Allenton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation 1

11. Industry or business 1

12. Name Alton Robinson  
13. Birthplace Ark. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Harris  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alton Robinson  
(b) Address Allenton 7830

17. (a) Burial (b) Date thereof 12-28-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Allenton 7830

18. (a) Signature of funeral director Alton Robinson  
(b) Address Allenton 7830  
DEC 28 1942 (c) H. M. Larson  
(Date received local registrar) (Registrar's signature)

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(c) City or town Allenton (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

20. DATE OF DEATH: Month 27th day December  
year 1942 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from 11 AM  
12-27 1942 to 2 PM - 12-27 1942  
that I last saw him alive on 12-27  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth with cardiac failure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 159  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Alton Robinson (M. D. or other) 1  
Address Allenton 7830 Date signed 12-27-42

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**